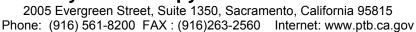


STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

Physical Therapy Board of California





CERTIFICATE OF COMPLETION

The Physical Therapy Board of California (PTBC) must receive the Certificate of Completion with the application in an envelope sealed by the program. Failure to include the Certificate of Completion with the application will prohibit authorization to work as a license applicant.

This form is to be completed and signed by the College Registrar or Program Director of the degree-granting program to document graduation of a professional degree program and completion of a professional education including academic coursework and clinical internship pursuant to section 2650 of the business and professions code.

By	SIGNATURE OF F	REGISTRAR OR PROGRAM D	DIRECTOR	
			Month	YEAR
Signed and th	e college seal affixed this	day of	,	
	Name of Degree-gran	ITING PROGRAM		
rom:			DATE	
Graduated on	:		Date	
completed all coursework and clinical practice on:			DATE	
omnleted all	coursework and clinical practic	e on:		
nis certifies _.	FIRST NAME	LAST NAME	OTHER LAST NAMES U	JSED
hio portifico				
	□ Physical Therapist	□ Phys	ical Therapist Assis	tant

[SEAL]
AFFIX SCHOOL SEAL HERE

(For State Use Only. Do not mark below this line.)
Rev 06/08 Word

Application Reviewer's Initials

P1E